FOR BINDING

V. S. No. 1

1 t

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(137) 20 4164
County Moulgomery	Registration Dist. No. 217
Village or City Oldry, maryland	choke Mostly Co Jewil Y started death occurred in a hospital or instigution, give its NAME instead of street and symber)
	2 ds. How long In U.S. If of foreign birth?
2. FULL NAME John Okers	If U. S. Veteran, specify WAR
(a) Residence: No. Herela, Mid.	St Ward.
(Usyal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of HOSBAND OF	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Feb. 22 1858	1 last saw have alive on Opened 33 , 1936; death is said
7. AGE Yaars Months Deys If LESS then I day,hrs.	to have occurred on the dete stated above, at 1.0.4. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 4 Archive	•
A Industry or business in which work was dona, as SILK MILL,	uralmia 4.20:
SAW MILL, BANK, etc	Benega prostatic hypertrophy. Quega
12. BIRTHPLACE (city or town) Woodstoole	Other Contributory Causes of importance:
(Steta or country) Muryland	Alshustry Farlure 4-23
13. NAME Edward Okers	Supra futies 4
13. NAME Edeword Okers 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Caroline Virginia Celle	23. If death was due to external ceuses (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town). Balticlas. (Stata or country)	Accidant, suicide, or homicide? Date of Injury
17. INFORMANT I dospital record. (Address)	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Short 2 6, 1936	Manner of injury
19. UNDERTAKER Willy & Soni Inc. (Address) Jesterille and	24. Was disease or Injury In any wey releted to occupation of deceesad?
20. FILEDafrih 2/4, 1936. C. S. Baineley Registrar.	(Signed) A Harda M. D. (Address) Clerkwirelle Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	1	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAI J 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURGAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	4185
Sel &	County Monlgomery	Registration Dist. No. 2 / 3
MI FE	Village or City Darnes loton	No
1 2 0	2 (1	f death occurred in a horpital or institution, give its NAME instead of street and number)
tb. Every YSICIANS	(), 0, 8, 0, 0, 4	s. 7.5 ds. How long in U.S. If of foreign blrth?yrsmosds.
TCI B	2. FULL NAME John D. Clhr	<u> </u>
	(a) Residence: No. () assistable (Usual plage of abode)	1 St., Ward.
ING NENT RECO CTLY. PH	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TZ L	Male while OR DIVORCED (write tha word)	Upril + 1936
BINDING PERMANEN EXACTI ly classified	5a. If marriad, widowed of divorged HUSBAND of	(Month) (Day) (Year)
MAA A Q ass	(or) WIFE of Vielecca Ultry	1 HEREBY CERTIFY. Thet I attended deceased from
BINI ERM EX / clas	6. DATE OF BIRTH (month, day, and year)	1936 to 1936
FOR B IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and yeer) / 00 / 3 - 1 & 6 7 7. AGE Yaars Months Deys If LESS than	I lest saw h
FOR IS A I stated properl	71 H 23 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
	8. Trada profession or particular	ware as follows: Date of one of the control of the
ED HIS pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ele Ludemile 1/4/3
SERVI NK-T should it may n back	93 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Der Clete 3/11 /2/3
INK INK S she t it 1	10 Date dacaased last workad at 11, Total tima (years)	10/1/3
RES NG I AGE that	this occupation (month and spent in this occupation	frostalelony for prostatition y 199
MARGIN RESERVED I UNFADING INK—THIS supplied. AGE should be n terms, so that it may be ee instructions on back of	12. BIRTHPLACE (city or town) Orlean- Usania	Other Contributory Causes of importance: Languagn prostate enlargement.
GID AD ed. s, s	(Stata or country)	Throbon of prostatic lostang conent is Two years
MARG] UNFA supplied n terms,	# 13. NAME Wenfield S. althou	government of the party or and de to the start of 3 by
MAH UH U suin to	13. NAME Win 1 Eld J. Cuthre, 14. BIRTHPLACE (city or town) Virginia	Name of operation Provide ledowy Date of 11/19/35
	(Stata or country)	What test confirmed diagnosis? Was there an autopsy? He
MLY, WIT be carefull EATH in plinportant.	15. MAIDEN NAME Clberla Sarrison. 16. BIRTHPLACE (city or town) Strawing	23. If deeth was dua to extarnal causes (VIOL ENCE) fill in also the following:
car rH ort	16. BIRTHPLACE (city or town) Strgueta (State or country)	Accidant, suicide, or homicide? Date of injury, 19
PLAINLY, hould be ca OF DEATH	m. Al e. O. It.	Whare did Injury occur? (Specify city or town, county and State)
	(Addrass) Po Clave da - Manufacy	Spacify whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, OREMATION, OR REMOVAL	Manage of Injury
四一四 语	Placa Dames lowy - Md Date Uprel 6, 1936	Manner of injury
-WRITE mation s	19 UNDERTAKER DM. Reuben Princhham	24. Was disease or injury in any way ralated to occupation of dacaased?
	(Addrass) Pochvelr - Md	If so, specify
S. No.	20. FILED 4/6" 19.36 Ufton D Nouse W.D.	(Signed) Sheri Nhouse M. D.
> z	aly Registrat.	(Addrass) Baus will lled
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------------	----	---------	------------	---------------	-----------

MARGIN RESERVED FOR BINDING	BWRITE PLATY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
No. 1	3.—WRITE PL. AY, WIT	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6
County_Montgco	Registration Dist. No. 2/2	,
Village or City Boyds R F D	No.	Ward
(li Length of residence in city or town where daath occurred78_yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME James H Austin	If U.S. Veteran specify WAR	
(a) Residence: No. Boyds RFD Md (Usual place of abode)	St., Ward. If nonresident give city or town and State	/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widewer	21. DATE OF DEATH 4 25 36	
5a. If married, widowad, or divorced	(Month) (Day) (Yed	er)
(or) WIFE of Roda Austin	22. 1 HEREBY CERTIFY. That I attended daceased	d from
6. DATE OF BIRTH (month, day, end yeer) July 28th 1856	1933, to 4 25 194 death	30
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at	Is said
## 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
kind of work dona, as SPINNER, Retired Farmer SAWYER, BODKKEEPER, etc.	Data ol	onset
SAWYER, BODKKEEPER, etc	Afrile Dementics //w/	133
work was done, es SILK MILL, SAW MILL, BANK, etc	Cerebal Remarkage VIII	135
11. Total time (years) this occupation (month and tt year)	Chronic interstitish nephritiss Duration , not	736
12. BIRTHPLACE (city or town) (State or country)	Dither Contributory Causes of Importence: stated, Cuts. R.	
3 13. NAME John Austin		
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(Stata or country)	What test confirmed diagnosis? dorozono apont ton Was there an autopsy?	
15. MAIDEN NAME Jurishic Rabbit	23. If deeth was due to externel causes (VIDLENCE) fill In also the following:	1111
16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide? Date of Injury, 19_	
17. INFORMANT Edith Austin (Address) Boyds Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION OF REMOVAL Md apr 28th 3	6Manner of Injury	
9. UNDERTAKER Ernest C Gartner (Address) Gaithersburg Md	24. Was disease or injury In any way related to occupation of deceased?	
10. FILED apr 27, 1936 mirs. C.C. Sellow.	(Signed) Jaithersburg, and	_M. D.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial stephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1936	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH	11514
1. PLACE OF DEATH		(B) ×	4101
County montgom	ery	Registration Dist. No.	214.
Village or City Falla	me T	No.	St. Ward
Length of residence in city or town where	death occurred 445 vrs	If death occurred in a hospital or institution, give its NAME instead of stre	
2 P	death occurred 2 - yrs.	ssds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL NAME John /	my wishop	If U. S. Veteran, specify WAR	
(a) Residence: No. Tanka	(Usual place of abode)	Ward. If nonresident give city or to	we and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April (Month) (Day)	, 193 6 (Year)
HUSBANO of	: / .	22. I HEREBY CERTIFY. That I at	tended deceased from
(or) WIFE of Farsh	supp	house 1933 , 19 , 10 spil	
i. DATE OF BIRTH (month, day, and year) 74	Smown - 1848	I last saw him alive on April 23 1	936; death is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12	
88(?)	1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oete of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	· · · · · · · · · · · · · · · · · · ·		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	memprogra	Chronic myscarditis	1926
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this		
^ -	occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) - Truck (State or country)	Gunly	artenoschenia	1129
	Unknown	Chronic replinitie	1933
13. NAME 14. BIRTHPLACE (city or town)	- Unknows	Name of operation Da	te of
(State or country)		What test confirmed diagnosis? Was the	
15. MAIOEN NAME	- Unknown	23. If death was due to external causes (VIOLENCE) fill in also the fo	
15. MATOEN NAME 16. BIRTHPLACE (city or town)	Thekanous	Accident, suicide, or homicide? Date of Injury_	
(State or country)		Where did Injury occur?	
17. INFORMANT Sie	mery land.	(Specify city or town, county a Specify whether injury occurred In INOUSTRY, In HOME, or In PUBL	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0.265	Manner of Injury	
Place III Is is myler	Oate Dux 47, 1930	Nature of Injury	
9. UNDERTAKER Palacit (Address)	me Juice	24. Was disease or injury In any way related to occupation of decease	ed? 2-
(18 - 6 2 - 12	2 10 00	(Signed) Landone Rod	
20. FILEO 23, 1936	Registrar.	(Address) 1203 Biltone	J. M. O
If more		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	· · · · · · · · · · · · · · · · · · ·	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

E

item of inforshould state of OCCUPA-

1. PLACE (OF DEATH Montgommery		-CERTIFICATE OF DEATH Registration Dist. No. 20	1/
Village or	City (rural) Mc	nrovia, Md.	NONONONONONONO	.St., Ward
2. FULL NA	AME Amelia E			
	NAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	
5a. If married, wido HUSBAND of (or) WIFE of	C C wed, or divorced William Hen	s. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) married Tyy Brown g. 4, 1859	21. DATE OF DEATH April 15, 1936 (Month) (Oay) 22.	ttended deceased from
7. AGE Ye	ears Months	Oays If LESS than	to have occurred on the date stated above, a8:35 am.	
SAWYER 9- Industry or	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business In which as done, as SILK MILL, ILL, BANK, etc	ll ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importen were es follows: Chr. Myocarditis Chr. Nephritis	Oate of onset
10. Oate decease this occupear)	sed last worked at upetion (month and	11. Total time (years) spent in this occupetion	Other Contributary Causes of Importance:	
(State or cou	intry)		Uremia (acute ?)	?

William Hall 13. NAME FATHER Maryland 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIOEN NAME Martha Thomas Anne 16. BIRTHPLACE (city or town) (State or country) Maryla nd William Henry Brown Monrovia. **Vid**

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER

(Address)

Herman

0ate4/18/36

24. Was disease or injury in any way related to occupation of deceased?__ If so, specify

What test confirmed diagnosis? Was there an autopsy? no

Accident, suicide, or homicide?______ Date of Injury______ 19

(Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

23. If death was due to external causes (VIOLENCE) fill in also the following:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nama of operation none

Where did injury occur?__

Nature of injury

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	- "
Run over by street car	1 2000/2 000
	1 week ago
Peritonitis	3 days ago
other contributory causes of importance:	
Gastroenteritis	1 year
)t	her contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYI	AND-CE	RTIFICAT	TE OF	DEATH	4181
SIAIL	OI.	MIVILIE	VIAD CI		IL VI	DLAIII	TO.

1. PLACE OF DEATH	(4) 2 D
County Moulgomery	Registration Dist. No. 2/7
Village or City Oliky, Md.	Office Monda Co. Secial I Vor Shale Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrs,	mos6ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Penges	If U. S. Veteran, specify WAR
(a) Residence: No. News - Colesial 7	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word word)	
5a. If married, widowed, or divorced	
HUSBAND of Corp WIFE of Turbenous	22. I HEREBY CERTIFY, That I attended deceased from Mar 1936, to apr 1- 1936
6. DATE OF BIRTH (month, day, and year) Auce 15, 1812	I last saw h Assa alive on Mar 31, 19_36 death is said
7. AGE Yaars Months Days If LESS tha	
5 ³ 9 16 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of liver
	Yarl platifich inte
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	93
10. Data daceasad last worked at this occupation (month and year)	4
12 BARTHIRI ACT (situations) SA	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) Secure (State or country)	Contraction (asked)
13. NAME DOLLIS BUARRES	
14. BIRTHPLACE (city or town) - Harring & Cerry	Nama of operations & plonalogy Safar along 3-19-3
(Stata or country)	What test confirmed diagnosis? Chammadan Was there en eutopsy? The
15. MAIDEN NAME Mary Slater 16. BIRTHPLACE (city or town) Lawrence Course	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CACHALLER RESERVED.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Pare Detect Place 117, 19	Natura of Injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/3/ , 1936. C. S. Barnsley. Registral	, (Signed) Chas & Jumbleson M. D
If more blanks are needed address State Persis	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Marie Van S				
The same and the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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į.	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

19. UNDERTAKER

20, FILED 4 - 30 1936

STATE (OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		107.70)
Village or City Length of residence in city or town where	// //	Registration Dist, No. No. If death occurred in a horpital or institution, give its NAME instead s. How long in U.S. if of foreign birth?
2. FULL NAME The American (a) Residence: No.	wave Reference	R. St. S. Ward. If nonresident give cit.
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CALLY J
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_ 0	22. I HEREBY CERTIFY, The
6. DATE OF BIRTH (month, day, and year)	Dec. 28, 1933	I last saw hell alive on Office
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at m The PRINCIPAL CAUSE OF DEATH end related causes of im wera as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Infant	Bunchofmunima
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Man (State or country)	Korhirlff,	Other Contributory Causes of importance:
13. NAME Robert Con	The	
14. BIRTHPLACE (city or town)	Tockerlle	Nama of operation 2007
15. MAIDEN NAME	aunei.	23. If daeth was due to external causes (VIQ ENCE) fill in also
16. BIRTHPLACE (city or town)	near Kockerly,	Accident, suicide, or homicide? Date of Where did injury occur?
17. INFORMANT Honeway.	Cole (mothy,	Specify whether injury occurred in INDUSTRY, In NOME, or
18. BURIAL, CREMATION, OR REMOVAL Place Scottlenf, 1994	Data affif 30 , 1936	Manner of injury
0.	11'0	

Registration Dist. No. 2/3 n, give its NAME instead of street and number) oreign birth?_____ds. If nonresident give city or town and State RTIFICATE OF DEATH CERTIFY, That I attended deceased from end related causes of importance Date of onset (VIQUENCE) fill in also the following: __ Date of Injury______19. (Specify city or town, county and State) IDUSTRY, IN MOME, OF IN PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example L.			Example II	
The principal cause of death and rela of importance were as follows: Arteriosclerosis MAY 5	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	I V. S.	1921 July 5, 1927	Run over by street car Peritonitis	1 week ago
Language and Materials Andrews				3 days ago
Other contributory causes of importan	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	4192
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1. PLACE OF DEATH	20
County Moulgomery	Registration Dist. No. 217
Village or City Delney J, md	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME / Caosenelt Lle Mi	lav If U. S. Veteran, specify WAR
(a) Residence: No. Termantown , 7	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
Male Calaced 5. SINGLE, MARRIED, WII OR, DIVORCED (write to	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
10 10	april 5 ,1936, 10 april 6 ,1936
	1 last saw h_in_ alive on, 19; death is sain
2 2 2 1day	SS then to have occurred on the date stated above, at
8 20 or	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROCKKEFERP at the Calorer	0
JATITUM, DOVINGER EN, GROSSES AND	Syphilis
work was done, as SILK MILL, farm	
11. Date deceased jast worked at	
10. Date deceased last worked at this occupation (month and year)	20
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) Musaland	9
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- Numerica of the close.
13. NAME Hellery Kle Mar 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Nove Dete of
7.00	What test confirmed diegnosis? Exacused was there an autopsy?
15. MAIDEN NAME Sarah Baince	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospailal Records. (Address)	Specify whether injury occurred in industry, in Home, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Trop Jone Phul 8	Neture of injury
19. UNDERTAKER Port Marby Barby (Address) Garthuralus 200	24. Was disease or injury in any way related to occupetion of deceased? 73.0
20. FILED Gold 7, 1936 CSBernsley	(Signed) South Same M. I.
If more blanks are needed, address Sta	te Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Corpland homographics MAY 3 1936	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage MAY 3 13.3	July 5,1927	Peritonitis	3 days ago	
BURGAT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 4100
1. PLACE OF DEATH	2- 1	(35)
County	ronlgamery	Registration Dist. No. 2
Village or City Tood	hild , Jal	NoSt., Wai
Length of residence in city of town v	nr. Hoodfield file	If death occurred in a hospital or institution, give its NAME instead of street and number)
que	in Elizabeth State of the state	osds. How long in U.S. if of foreign birth?yrsmos,(
2. FULL NAME JOANS	il I wanten	xuvau.
(a) Residence: No Ne. / 100	(Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACI	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Offil 25 , 1936.
5e. If married, widowed or divorced HUSBAND of	20 0 00	(Month) (Day) (Yeer)
(or) WIFE of franchisank	lin Duvall	22. I. HEREBY CERTIFY. That Lattended deseased fro
D. M. CH. DISTON	Feb. 25 1854	1936 to what 25th 1936
3. DATE OF BIRTH (month, day, end year) 4. AGE Years Montl	20.70	I last sew h.22 alive on
82 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows: Dato of ones
8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	Mousework	with decompensation when
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
I I Dete deceased lest worked at	11. Totel time (years)	
this occupetion (month end year) MAN 19.34	spent in this 70 420	
12. BIRTHPLACE (city or town) Mr.	food field	Other Contributory Causes of importance:
(Stete or country)	Ind.	The formalis 18 days
3 13. NAME Peupus	Purdum	
13. NAME Cufus 14. BIRTHPLACE (city or town) Me.	Cedar Troos	Neme of operation Date of
(State or country)	mly	What test confirmed diegnosis? Was there an autopsy? No
15. MAIDEN NAME Mass	Halkrais	23. If death was due to external ceuses (VIDLENCE) fill In also the following:
15. MAIDEN NAME MAN	Cela Troos	Accident, suicide, or homicide?
(Stete or country)	mid.	Where did injury occur?
(Address) R.D. San	thereburg, mit	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Damaseus	Ben Date Ofr. 27 ,1936	Manner of injury
19. UNDERTAKER 2 3 (Address) 2 ama	Sould Inc.	24. Was disease or injury in any wey related to occupation of deceased? No
20. FILED april 27, 1936 &	Della W. B. grafel	(Signed) Leage M. Doger M. (Address) Danuas out md
If	more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Jay 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

Exact statement of OCCUPA-

			The second secon
STATE OF	MARYL	AND-CERTIFICATE OF	DEATH 4134

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Montgomery	Registration Dist. No. 223
Village or City Takoma Carpark Corporate Cimit	No. Washing fon San Harium a Hospital Ward death occurred in a hospital of institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth? 5 2 yrs. mos. ds.
2. FULL NAME Mr. Frank E. H. Felker	E. St., Ward. Wash in a fon D. C. V. If nonfesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widower	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of Mary McCarthy 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 8. Trade, profession, or perticuler kind of work done, as SPINNER, Machinist SAWYER, BOOKKEFPER, etc. Machinist SAWYER, BOOKKEFPER, etc. Machinist SAWYER, BOOKKEFPER, etc. Machinist SAW MILL, BANK, etc. Mary Yord 10. Date deceased last worked at this occupation (month and year) — July 10, 1934 — spent in this year) — Schwall holden (State or country) 12. BIRTHPLACE (city or town) Schwall holden (State or country) 13. NAME Tohn DelKey	22. I HEREBY CERTIFY, That I attended decaased from April 1936, to April 9, 1936. I list saw him elive on April 2, 1936; death is said to heve occurred on the deta stated above, at 6:35 G m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Stognesium fained Muscular Oate of onest. Other Contributory Causes of Importence:
14. BIRTHPLACE (city or town)	Neme of operation Dete of Dete of What test confirmed diagnosis? Latinual Was there an autopsy (CO)
15. MAIOEN NAME Malvina Weth 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Washing Landauitarium Hasp Records (Address) Taxotha Park, Nd.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL CREMATION, OR REMOVAL Place W. W. Charles of the control of the contro	Manner of injury
19. UNOERTAKER W. W. Chambers to Address) 5 7 - 11 miles of the Address of the Ad	24. Was disease or injury in any way related to occupation of deceased? Ro
20. FILED 1900 D., 19 D. O. O. V. Gegistrar.	(Address) Washington Sandshium

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	Example II	
The principal cause of death and related causes of importance were as follows	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 960 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	PER OFF
Gallstones May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

County Village or City Jan House State No. (If death occurred in a hospital or institution, give its NAME instead of street and numbers Langth of residence in city or town where death occurred. Jan How long in U.S. If of foreign birth. YES. Mard. J. FULL NAME (a) Residence: No. (Usual place of abold) J. FERSONAL AND STATISTICAL PARTICULARS J. SIX 4. COLOR OR RACE 5. SINGER, MARKED, J. DIPOWED, Of (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, Of (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OF (19) WIFE of Color OR RACE 5. SINGER, MARKED, OLD DIPOWED, OR PROVIDED THE ARCH DIPOWED, OR PROVIDED TH	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4195
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17. INFORMANT Closes Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Gasthurst May Manner of injury Please Howe Sauthershare Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Estimated States May 19. 4. Was disease or injury in any way related to occupation of deceased? If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place How Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Estimated Specify Manner of injury in any way related to occupation of deceased? If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or i	16. BIRTHPLACE (city or town). Findly County (Stata or country)	Accident, suicide, or homicide? Deta of injury
Plece At Home Saithershung Date Apr. 3, 19.36 Neture of injury 19. UNDERTAKER Elmel Stationary (Address) 19.	The state of the s	(Specify city or town, county and State)
(Address) Garthershira, 172d- 11 so, specify 15 so, specify	2111	
al		
20. FILED Coper. 3, 1936 Contact J. Carlos (Signed) (Address) gardens burg M. (Address)	and the state of t	(Signed) A M. O. (Address) garthursburg M. G.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

CAUSE OF DEATH in plain terms, so that it may be properly classified.

MON is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEATH County Montana Registration Dist. No. 2/2 Village or City Sellowand No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vers. mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. St., Ward.
Village or City Selloman to No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred selections and selections are selected as the selection of the selection
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred selves
Length of residence in city or town where death occurred solves
(a) hediacito, no.
(Usual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
male while Married (Worth) (Day) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That f attanded deceased from
6 DATE OF RIPTH (month day and year) 1861 flast saw brand slive on All 1926; death is sal
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than to have occurred on the dete stated above, at O. A. m.
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence were as follows:
2 8. Trade, profession, or particular kind of work done, as SPINNER, Date of one
SAWYER, BOOKKEEPER, atc
9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.
O 10. Date deceased last worked at this occupation (month and spent in this)
year) Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1994 arters felicase 1934
(State or country) Carebral Honorchage any
13. NAME 11. BIRTHPLACE (city or town) 1930 Name of operation Date of
what test committeed diagnosis: was there an autopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
Whare did injury occur?
(Specify city or town, county and State) 17. INFORMANT: Name of the Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 4958 Council 13 d. 1000
18. BURIAL, CREMATION, OR REMOVAL Menner of injury
Pleca Calan Italian. Date 4/20 ,1930 Nature of injury
19. UNDERTAKER
(Addrass) Bandwill (me. If so, spacify
20. FILED CERV. 19., 1936 MT. (C. Jallan (Signed) (Signed) M. (Address) Pull and M.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

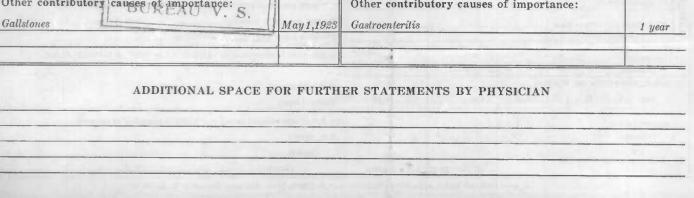
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage MECEIVED	July 5,1927	Peritonitis	3 days ago
MAY 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	- 4
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	



See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4197
1. PLACE OF DEATH	60.0
County monly only	Pagistration Diet No. 2 15
0010-4	Registration Dist. No. 2-17
Village or City Colored	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
700 06	
2. FULL NAME William I Tya	Self Ti U. S. Veteran, specify WAR.
(a) Residence: No. Oluly Man - C	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH CAN 27th, 193.6. (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE OF MARY 6 + 400 (100)	22. HEREBY CERTIFY, Thet I attended deceased from
2 1 1 1 1 1 1 1 1 1 1 1	apr 15 ,1936, to apr 27 -, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h Mu alive on Pt 26 - , 193 6 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
68 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wara as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Takoner SAWYER, BOOKKEEPER, atc	Soucho preumonia 4/15/
S. Industry or business in which	04 18/
work was done, as SILK MILL SAW MILL, BANK, etc.	Mittellinga
O Date daceased last worked at this occupation (mosth and 935 spent in this year)	
12. BIRTHPLACE (city or town) Character Goslew (State or country) Brown & Post Control of Control o	Other Contributory Causes of importanca:
The state of the s	Chrome myocardiles; duration: 4-1-3
13. NAME . COM FOR STATE OF THE	fue yearso cont. R.
4 14. BIRTHPLACE (city or town)	Name of operation Data of Data of
(Stata or country)	What test confirmed diegnosis? Examinate was there an eutopsy? 23
15. MAIDEN NAME Lucinda Cullianus 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) man CO	Accident, suicide, or homicide? Date of injury19
S (Stata or country)	Where did injury occur?
17. INFORMANT Raymond I rager (Address) Suly In II	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managedialum
Place M. S. S. Date Phr 30 1936	Manner of injury
19. UNDERTAKER Rog Barker.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Addrass) faxtonsvelle	If so, specify
20. FILED Refor 29, 1936 C.S. Barneley Registrary	(Signad) Ohad Osembleson M. D. (Addrass) Saudy Spring 7
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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EX	ample 1	i	Example 11	
The principal cause of deat of importance were as followarteriosclerosis	hand related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state OCCUPA

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?__ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wnite the ward) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Irade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. dustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..____ 10 Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... year) _____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation _____ (State or country) What test confirmed diagnosis? Consent + May Was there an autopsy? NO 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE), fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) ... Date of injury (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMAZION, OR REMOVAL Manner of injury

19. UNDERTAKER (Address)

ocal Registrar.

24. Was disease or injury in any way related to occupation of deceased: If so, specify

(Year)

Data of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury_

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Chronic interstitial nephritis MAY 6	1021	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
نثم ا		
*	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. P	3. SEX	6. OATI	7. AGE	8. 9. 10.	12. BIR	13. H H 14.	13. 14. 23 15. 16.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	ed. Exa	r classifice.	ertincat	MOIN IS VERY IMPORTANCE. SEE INSTRUCTIONS ON DACK OF CERTINCALE.	nctions	Dec Hist	portant.
WRITE PLA_LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	LY.		properly	it may be	so that	co inct.	TH in pl
	DATE DE	EX A C	IS A P stated properly	NK-THIS should be it may be	DING 1	H UNF	carefull TH in pl

Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Yes. Mos. Mo	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City State of City or town where death occurred yr mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos ds. How long in U.S. if of feesign birth? yrs mos	1. PLACE OF DEATH	(82-a) 4 200
Length of residence in city or town where death occurred. Videnth occurred in a hospital or institution, give in NAME instead of areat and number) 2. FULL NAME Show long in U.S. it of foreign britch. (a) Residence: No. 33 Arumanistic and Company of the Show of the S	County Montagnerif	Registration Dist. No. 241
Length of residence is city or fown where death occurred. 2. FULL NAME 2. FULL NAME 3. SLACE (a) Residence: No. 3 3		
2. FULL NAME (a) Residence: No. 33 Summerated and Str. Ward. W	Length of residence in city or town where death occurredyrsmos	t death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?vrs. mos. ds.
(a) Residence: No. 3 3	C / C /N '2	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	22 /1 .	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOVEO, Compile the wind of the state	(Usual place of abode)	If nonresident give city or town and State
ORDIVORCED (**spice the spire) **PRODUCT (**spice the spice) **PRODUCT (**spice)		
HUSBAND & C. Jamulton 5. OATE OF BIRTH (month, dey, end year) 7. AGE Years Motilds Days If LESS than J B PRINCIPAL CAUSE OF DEATH and releted ceuses of importance Were os follows: No. SAWYER, BOOKKEPER, etc. 9. Industry or business in which at this occupation (month and year) 10. Osta Geoscape lest worked at year occupred on the det steted above, etc. 1.4 A.m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were os follows: Worker, BOOKKEPER, etc. 9. Industry or business in which will. SAW MILL BAIK, etc. MILL. SAW MILL BAIK, etc. 11. Total time (vers) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Whet test confirmed in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3. Aumusul Or Chi Ch. This (Address) 3. Aumusul Or Chi Ch. This (Address) 3. Aumusul Or Chi Ch. This Namer of injury Nature of injury	Projected (write the year)	april 18, 1936
1 lest saw h elive on	HUSBAND of	
The principle of the dete steted above, of 1.15 A.m. The principle of the dete steted above, of 1.15 A.m. The principle of the dete steted above, of 1.15 A.m. The principle of the dete steted above, of 1.15 A.m. The principle of the princip	6. DATE OF RIRTH (month dev end year) Lan-21 1888	abbillatu 3/
8. Trede, profession, or perticular kind of work done, as SPINDER, SAWER, BOOK KEPER, etc. 9. Industry or business In which work was done, as SPINDER. SAWER, BOOK KEPER, etc. 10. Oate decessed lest worked at this occupation work was done, as SPINDER. SAW MILL BANK, etc. 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (State or country) 18. BURNAL CREMATION, OR BENOVAL Place MAN BURNAL CREMATION, OR BENOVAL Place MAN BURNAL CREMATION, OR RENOVAL 19. UNDERTAKER (Address) Or Chaffing Man Place (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed)	7. AGE Years Months Days If LESS than	
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Whet test confirmed diagnosis? Wes there en autopsy? Active to Mainten NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 20. FILEO 19. BY 15. MAIOEN NAME 23. If deeth was due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNOERTAKER (Address) 19. B B C Plerry (Specify city or town, country and State) Manner of injury Nature of injury Nature of injury 24. Was disease or injury in eny wey related to occupation of deceesed? 16. Specify Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) (Signed) M. O Colline of country in eny wey related to occupation of deceesed? M. O Colline of townships Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mere did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury (Specify city or town, country and State) Mere did Injury occurred in INDUSTRY, in HOME, or		Other Contributory Causes of Importance.
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Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Siehard & Hamilton (Address) 33 Arumorid or Che Ch. Mile 18. BURIAL, CREMATION, OR RENOVAL Out '4/20 , 1936 19. UNOERTAKER We have less a continuous of decessed? 19. UNOERTAKER (Address) O Chaffing or Manner of injury (Specify city or town, county and State) Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKER (Address) O Chaffing or Manner of injury in eny wey related to occupation of decessed? 24. Was disease or injury in eny wey related to occupation of decessed? (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) (Specify city or town, city or town, county and state)	(State or country)	Whet test confirmed diagnosis? Wes there en autopsy? Acc
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17. INFORMANT Siehard & Familler Apecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3/3 Drumorud On Che Ch. Miles 18. BURIAL, CREMATION, OR RENOVAL Pour 1/4 D	O 16. BIRTHPLACE (city or town) (State or country)	
18. BURIAL, CREMATION, OR REVOVAL Place Misself Con 1/20 , 1936 Nature of injury Nature of injury 19. UNOERT AKER Was disease or injury in eny wey related to occupation of decessed? No. (Address) 20. FILEO 4/19 , 19 36 B.C. Werry M. C. (Signed) Cray (Address) Registrar. (Address) Registrar.	17. INFORMANT Richard & Hamilton	(Specify city or town, county and State)
19. UNOERTAKER WWChaculus Co (Address) Co Chaffin N MM 24. Was disease or injury in eny wey related to occupation of decessed? 20. If so, specify (Signed) Co Chaffin M. O (Address) Registrar. (Address) Registrar.	18. BURIAL, CREMATION, OR REMOVAL A Com',	
20. FILEO 4/19, 19 36 B.C. Rerry M. D. (Signed) (D. C. Perry) M. O (Address) Reliters Do M. O	19. UNDERTAKER WWChaerelus Co	
Registrar. (Address) — Clitter South.	Hin 31 BC (1011 20)	10 11/0:
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example 1	71	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEAT	TH 4201
1. PLACE OF DEATH		(19)	
County Montyoning		Registration Dis	et No. 218.
	t. Gran	No.	
Village of City Two tes access	tou drow (II	death occurred in a hospital or institution, give its NAME is	St.,Ward
Length of residence In city or town where death	occurredyrs,mos.	ds. How long In U.S. If of foreign birth?	yrsds.
2. FULL NAME Henry 6la	y Hazard	If U. S. Veteran, specify WAR	
(a) Residence: No. Loghing	for Spoon (Usual place of abode)	St., Ward.	ve city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	15 , 193 F (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WHEE of Raa m Hay	and (Dec.)	22. I HEREBY CERTIFY,	
6. DATE OF BIRTH (month, day, and year) more	ch 12 1857	I last saw h alive on Decemb L	19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.P	
79 /	3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	in	arterio selero	Lis Date of one of
		Chy Brun	lits 3 was
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Court of death	prohely
12. BIRTHPLACE (city or town) Localium (State or country)	ztou	Other Contributory Canses of Importance:	crew hours
13. NAME Lewerown			
13. NAME Lewscown 14. BIRTHPLACE (city or town) (State or country)		Neme of operation	
15. MAIOEN NAME		23. If death was due to external causes (VIOLENCE) fill li	
16. BIRTHPLACE (city or town) 4/2		Accident, suicide, or homicide? Dai Where did injury occur?	te of injury,19
17. INFORMANT It J Trong or (Address) 103 Shiphun	of Thurs Oliver me	(Specify city or to Specify whether Injury occurred in INOUSTRY, In HOME	wn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	21.	Manner of injury	
Places of Frenche 0	ate Uprel 18, 1936	Neture of injury	
19. UNDERTAKER Waruge & T. (Addiss) Kacive	wiphry	24. Was disease or injury in any way related to occupation	on of deceased?
20. FILED april 17 1936 abrec	da J. Corke	(Signed) y W Jack	y y D M. P.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

KD. Every item of infor- XSICIANS should state statement of OCCUPA-	1. PLACE OF DE County
NT RECO LYPH I. Exact	PERSONAL A. CC. Male 13
IS A PERMANEI stated EXACT properly classified ertificate.	5a. If marsied, widowed, or-HUSBAND of (or) WIFE of SAME OF BIRTH (month, 7. AGE Years
INK—THIS should be t it may be on back of c	No. Leade, profassion, okind of work do SAWYER, BOOK Industry or busines work was done, SAW MILL, BAN To: Date deceased last this occupation (year)
NFADING plied. AGI rms, so tha instructions	12. B1RTHPLACE (city or too (State or country)
ITH UNFAI illy supplied. plain terms, See instru	13. NAME 14. BIRTHPLACE (city of (State or country)
be carefull EATH in plimportant.	15. MAIDEN NAME 16. BIRTHPLACE (city of (State or count)
WRITE PLA mation should be CAUSE OF DEA	17. INFORMANT Hall (Address) 18. BURIAL, CREMATION, O Place Service 19. UNDERTAKER War

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1	9	1)	2
T	4	U	6

1. PLACE OF DEATH County Monte onner			210-9
Village or City New York Length of residence in city or town where	ockwill		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth? yrs. mos. ds
2. FULL NAME Robert &	7. Hebr	<u>,</u>	If U. S. Veteran, specify WAR
(a) Residence: No. Waw	(Usual place of	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Blace	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widow		21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverged HUSBAND of (or) WIFE of Halling J	Lihion		22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 27	If LESS than 1 day,hrs.	I last say h alive on, 19; death is sait to have occurred on the data stated above, at 3.00 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Data of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation			Intra/horain Hemanlinge
12. BIRTHPLACE (city or town) (State or country) W 13. NAME Robert Hebron			Other Contributory Causes of Importance: Fraylind A Celes 44-5 + 6 on Make side & Manyline
14. BIRTHPLACE (city or town) 772 d			Name of operation Date of Was there an autopsy? 72
15. MAIDEN NAME Harril 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hattie Mohns (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Grand Church Supata 4-30, 1936			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER Warren & Personal Property (Address) (Address) 20. FILED 4-30, 1936 mm. W.7. Prace Registrar.			If so, spacify (Signed) 11-S (Address) (Address)

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mportance:

1 year

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D. Every item of SICIANS should tatement of OCC	
D. Every	
TECOR	/
VED FOR BINDING THIS IS A PERMANENT RECORD, Every item of infor- ald be stated EXACTLY. PHYSICIANS should state as be properly classified. Exact statement of OCCUPA.	, 0.1
VED FOR THIS IS IN the present	

1. PLACE OF DEATH

County Montgomery

3. SEX Male White White Sallie V. Spring 22. I HEREBY C Never Saw deges (or) Wife of Sallie V. Spring 3. SEX MUSBANO of (or) Wife of Sallie V. Spring 3. SEX MUSBANO of (or) Wife of Sallie V. Spring 3. SEX MUSBANO of (or) Wife of Sallie V. Spring 3. If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days If LESS than 1 day. hrs. 3. Or min. 3. Sex Months So Days II last saw h alive on to have occurred on the date stated about the principle ware as follows: 3. Coronary Occlus Generalized Ar (Marked) 3. Sex Months Marked 3. Sex Months Months Months So Days Months So Days Months So Days Months So Days Months Mont		PERSONAL AND STATISTIC	(Usual place o		MEDICAL CERTIFIC
HUSBANO of (or) WIFE of Sallie V. Spring 6. DATE OF BIRTH (month, day, end year) March 22, 1856 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, Retired SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Louden County (State or country) Virginia 13. NAME William Hickman 14. BIRTHPLACE (city or town) (State or country) Virginia 15. MAIOEN NAME Ann Everhart 16. BIRTHPLACE (city or town) (State or country) Virginia 17. INFORMANT Mrs. Alice Pearre (Address) R. F. D. Boyd, Md. 18. BURIAL, CREMATION, OR REMOVAL		Male White	SINGLE, MARR	RIED, WIDOWED,	21. DATE OF DEATH
7. AGE Years Months 80 30 30 The PRINCIPAL CAUSE OF DEATH en ware as follows: Coronary Occlustive follows: Coronary follows	_	HUSBANO of (or) WIFE of Sallie V	k.	7	Never saw degease
SAWYER, BOOKKEEPER, etc		AGE Years Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, et The PRINCIPAL CAUSE OF DEATH end rela ware as follows:
11. Total time (years) this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME William Hickman 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME Ann Everhart 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	A-T10	kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc		per	Generalized Arter
13. NAME William Hickman 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. INFORMANT 19. INFORMANT 10. INFORMANT 10. INFORMANT 11. INFORMANT 12. INFORMANT 13. NAME What test confirmed diagnosis? 23. If death was due to external causes (1) Accident, suicide, or homicide? What did Injury occurr? (Sopecify whether injury occurred In IND Management of foo	3	this occupation (month and year) BIRTHPLACE (city or town) Louden	County	t in this	Othar Contributory Causes of importanca:
15. MAIOEN NAME Ann Everhert 23. If death was due to external causes (16. BIRTHPLACE (city or town) (State or country) Virginia What est confirmed diagnosis? 23. If death was due to external causes (16. BIRTHPLACE (city or town) Virginia Accident, suicide, or homlcide? Whare did Injury occur? Specify whether injury occurred In IND (Address) R.F.D. Boyd, Md. Manage of Jaluary Manage of Jalu	ATHER	13. NAME William Hickman			Gangrene of foot
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Accident, suicide, or homicide? Whare did Injury occur? Specify whether injury occurred in IND	(State of country) VITPIIIE				What test confirmed diagnosis?
(Address) R.F.D. Boyd, Md. 18. BURIAL, CREMATION, OR REMOVAL	MOT	16. BIRTHPLACE (city or town)	ia		Accident, suicide, or homicide?NO
Placa Larks burg, Md. Oate , 19 Nature of Injury		(Address) R.F.D. Boyd,	Md.	, 19	Mannar of Injury

Oate of onset Y

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

sident give city or town and State

ATE OF DEATH

FIFY, That I attended deceased from d alive.

7:30pm.

d causes of importance

iosclerosis

arteriosclerotic ght leg Dete of 1934

Was there an autopsy? NO__

OTILY its fill in elso the following:

____ Oata of Injury______ 19_____

ity or town, county and State) In HOME, or in PUBLIC PLACE.

occupation of daceasad?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis / 6 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

•

V. S. No. 1 N. B.—V

County Monty sweet Chase mo	Registration Dist. No. 716 No. 5 - 1 Turkel St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs. mos. ds. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the Word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon L. Hodges 6. DATE OF BIRTH (mark divorced) 7 1873	22. I HEREBY CERTIFY. That I attended deceased from Jan. 7. 14
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carreliant and related causes of importance were as follows: Oate of onset Tettis numbered 2 yes
SAW MILL, BANK, etc. 10. Oate deceesed lest worked at this occupetion (month and year) 12. BIRTHPLACE (city or town) (State or country)	Chronic onyocardities Onation: 25 years. Ocute rephrities sevention: 20 months. Other Contributory Causes of importance: Cwf. R. 74, 36
13. NAME Harris Corbin Hamlen 14. BIRTHPLACE (city or town) Honesdale (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? \(\text{\sigma} \) = \(\text{\cappa} \) = \(\
15. MAIDEN NAME Hannie Melford Segner 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME (Address) 18. MAIDEN NAME (Address)	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE Hashington D. C. pate april 6, 1906	Neture of injury.
19. UNOERTAKER John J. Hyght n. St. (Address) 1337-1049 St. M. St. 20. FILED April 6th, 136 Homes K. Conad. Registrar.	24. Wes disease or injury In any way related to occupation of decessed? No If so, specify (Signed) Thomas Coma M. D. (Address) 5-904 Com was Chevy bhase

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

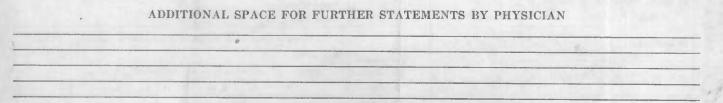
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 14 5 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year







STATE OF MARYLAND—CERTIFICATE OF DEATH 4205

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 3 1330	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S'	TATEMENTS BY PHYSICIAN
	ρ , ρ
This Weath was laken car of	as a lornerstase deported
a bolice & released . Ay	their.
12/ 4/1	10 610 9
have not when care of lase	- We alse see was his director
V	A. V. Morse In.w.

8

V. S. No. 1

	STATE OF MARYLAND-	CERTIFICATE OF DEATH 4206	
1	1. PLACE OF DEATH	93-2	
	County Moutaguery	Registration Dist. No. 217	
	Village Dr City aslatow	ND	_Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
	(a) Residence: No. Qshtow	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	(e
	5a. If married, widowed, or divorced HUSBAND of (or) WtFE of Hulda Kernship.	22. I HEREBY CERTIFY, Thet I attended decease	d from
2. 3. SE 55. III 12. II 18. II	6. DATE OF BIRTH (month, day, and year) Thou 5, 874	I last saw h was dead when 9 oaw thin; death	is said
	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at	
	_ \ Trede, profession, or particular	Dates	olonset
5	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Chronic Myscarditis 50	yea a
	Industry or business in which work was done, as SILK MILL, Gum Nun Alm	Q	
2 10	SAW MILL, BANK, etc. 11. Total time (years) spent in this year) year) 12. Total time (years) spent in this 45 occupation (month end year)		
	12. BIRTHPLACE (city or town) Mains - desseu	Dther Contributory Causes of importance:	-gp
	(State or country) Semanary	Coronary occlusion 4	14/3
	I4. BIRTHPLACE (city or town) The second of	Name of operation Date of Date of What test confirmed diagnosis?	20
	15. MAIDEN NAME Turknown	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
100 TO	16. BIRTHPLACE (city or town) Washington (State or country)	Accident, suicide, or homicide?)
	17. INFORMANT Hulda Kempett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
0	18. BURTAL, CREMATION, OR REMOVAL	Manner of Injury	
1	Plece Coldan Stille Date apr 17 lln, 1936	Nature of injury	
1	19. UNDERTAKER Francis & Pumphring (Address) Korn (will mile	24. Was disease or injury in any way related to occupation of deceased? NA	•
)	20. FILED 4/16/ , 19 36: C. S. Bausley .	(Signed) Quille Children	7 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example 1	1	Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Patient had been suffering unthe Chronic Museaut to	
	-
In Lity years. Was Lower de a langer of his Obriger	0
ht 9810 AM 9 was called and examined the food	
at 9: 00 AM.	



V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	420
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1. PLACE OF DEATH	
County Monty	Registration Dist. No. スノス
Village or City Comes Langth of rasidence in city or town where death occurred yrs. 3	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thereby and a Residence: No.	Kina St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS that 1 day,	to have occurred on the data stated above, at 59 m.
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this consultation (mostly and the consultation).	asphylia the
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributary Causes of importance:
13. NAME Russell String 14. BIRTHPLACE (city or town) Company (State or country)	Name of oparation Deta of
(State of country)	Name of oparation Deta of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. MAIOEN NAME MORNING MORNI	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNOERTAKER Theton & Price (Addrass) Runnwill mit 20. FILEO apr 25, 1936 mg CC Hillow Charle Registrar.	24. Was disease or injury in any way releted to occupation of decaased? If so, specify (Signed) (Addrass) (Addrass)

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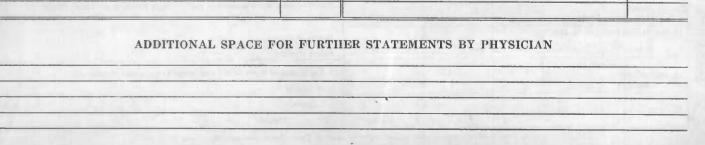
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis LAAV C 1000	1915	Attack of epilepsy	1 wcek ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RALLIVS	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4208
1. PLACE OF DEATH	59 20 5.23
County Mantgamery	Registration Dist. No.
Village or City Jak Seman Park	No. Washington Sanitarium and Hospitallid
Length of residence in city or town where death occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number)
So III IA D	10 110
2. FULL NAME Mw. Watter Jan	
(a) Residence: No. tareign deague of (Usual place of a gode)	1. S. St., Ward. Washington, N.C. J
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WHEE OF mining Lamb	22. I HEREBY CERTIFY, That I attended deceased from
60.2 1999	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and yaer) 7. AGE Years Months Days If LESS then	1 last saw h AMA_ aliva on
1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	wera as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
	Lehtiermin +
9. Industry or business in which work was done, as SILK MILL, Fareign deague of U.S. SAW MILL, BANK, atc	L July Jug to Obstruction
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) March 1936 spent in this 4 42	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Teno	
(State or country) Newada.	- Deabeles Metiles
13. NAME Robert Land	
14. BIRTHPLACE (city or town) Sty January	Name of operation Lecostony Date of 3/27/36
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Clark	23. If daeth wes dua to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Johnston	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Santarium Keends	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jakalina Fork Maryland 18. BURIAL, CREMATION, OR REMOVAL	
Placedas Hill Cumator Date april 4, 1936	Mannar of Injury
11 8 21 41 - 6	Netwic of injury
19. UNDERTAKER MG S. LA TAYLES (10)	24. Was disease or injury In any way releted to occupation of deceased?
(Addrass) 2-901-1911 71-	If so, specify
PO. FILED Speril 4 , 1936 A Rogers Registrar.	(Signed) M. D. (Address) 705 Carrols ave

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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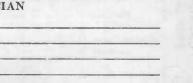
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Chronic interstitial nephritis WAY 5	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 4209
County Montgamery	Registration Dist. No. 214
Village or City Rensingtion (1	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number) isds. How long In U.S. if of foreign birth?yrsmosds.
9/10 - 011 N-	5
(a) Residence: No. Dressington M. J. William Place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) White Married:	21. DATE OF DEATH bril 8 - 1936 (Month) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBANO of Or) WIFE of Houses P. Mc Cartley	22. I HEREBY CERTIFY. That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) June 16th 1866 7. AGE Years Months Days If LESS than	I last saw h elive on 8, 19.36; deeth is said to have occurred on the data stated abova, at 2.15 P.m.
769 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Osce bral Asmorkage apr 7. Dea beter Wellitus 1931. Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Benility
13. NAME andrew J Hurris 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIOEN NAME Cliq & Soundley 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external ceuses (VIOLENCE) fill In elso tha following: Accident, suicide, or homicide?
17. INFORMANT Drancis G. Mc Carlly (Address) Kensington mid.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL S Placa Wash: D' Coate 4/8/, 193	Manner of injury
19. UNDERTAKER Simolly Haulon (Address) 641 H St. NE	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILEO. Ofre. 8., 19.36 Margaret C. Tresure	(Address) / Legsing ton, well

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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2000	imple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 9 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	111111	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V.	July 5, 1927	Peritonitis	3 days ago
		. company representation		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923		1



Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLA

V. S. No. 1

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BINDI	
FOR	
RESERVED	
MARGIN	

	F MARYLAND-	CERTIFICATE OF DEATH	4211
1. PLACE OF DEATH		<u> </u>	
County Moulymer	4	Registration Dist. No	214
Village or City Selven	Spring	No	St.,Ward
V I	f (II	death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town where de	2 0	ds. How long in U.S. if of foreign birth?yrs	as.
2. FULL NAME/Mona	- Maude Recht	If U. S. Veteran, specify WAR	
(a) Residence: No. 1752 FL	own av	St., Ward.	16
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or to MEDICAL CERTIFICATE OF DEA	
	5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH	
4. COLOR OR RACE	OR DIVORCED (write the word)	and a series and a	1026
Turale While	Surgle	(Month) (Day)	(Year)
a. If merried, widowed, or divorced HUSBAND of	(/	22. I HEREBY CERTIFY. That is	ttended deceased from
(or) WIFE of	The state of the s	april 8th 1936 to	10 4
DATE OF MINER (mark)	1		19: deeth is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	19, uceth 13 said
Stel	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	ce
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	non-		
9. Industry or business in which			
work was done, es SILK MILL, SAW MILL, BANK, etc		Survey Constitution of the	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
2. BIRTHPLACE (city or town) Selver (State or country)	Spring:	Other Contributory Causes of importance:	
1 2/ 1 0/	2 10+		
13. NAME Sylvestin 2 10	eghter		
14. BIRTHPLANE (city or town)		Name of operation	ate of
(State or country)		What test confirmed diegnosis? Was th	ere an autopsy?
15. MAIDEN NAME Trace	Formera	23. If death was due to external ceuses (VIOL ENCE) fill in also the f	following:
16. BIRTHPLACE (city or town) (State or country) Scotland		Accident, sulcide, or homicide? Date of injury	,19
		Where did injury occur?	
17. INFORMANT Sylvestin E. (Address) 1752 9	Richter	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PUE	BLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL		Menner of injury	
Place Ledan Hill	Dat Spell , 22, 19,36		
E (Warney E	1. Ahr	24. Was disease or injury In any way related to occupation of decea	sed?
19. UNDERTAKER WALLEY (Address)	wellet mal	If so, specify	
CI CIV 2/ 7	G 10 00 00	(Signed) money	M. D.
20 FILEDUMEN 15, 1936	Louis Acristra.	(Address) Saul Brandia (Exe

If more blanks are needed, addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis 3 5 6 5 1 1 5	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY @ 1936			
Other contributory causes of importance! V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE

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AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	4 PLACE OF PRATIL	CERTIFICATE OF BEATTI
	1. PLACE OF DEATH	93-0 17
	County Contagonery	Registration Dist. No. 041
	Village or City Tallaux	No. St., Ward
	Length of residence in city or town where death occurred 8 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	11 12-44 11	PU
	2. FULL NAME Marriell Glysbeth	If U. S. Veteran, specify WAR
Н	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIVORCED (write the word)	Olsr 12 193 36
	5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
- 0	HUSBAND of Q	22. I-HEREBY CERTIFY, Thet I ettended deceased from
	Jonas J. Morris	april 1 , 19 33, to april 12 19 36
e.	6. DATE OF BIRTH (month, dey, end yeer) 3 2- 2. 1848	I lest say her alive on Come 12 1936; deeth is said
certificate	7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at
tif	88 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
cer	8 Trade profession or particular	barnie negrandiles Date of onset
Jo	kind of work done, as SPINNER, Reduced	Po
back	S. Industry or business In which work was done as SILK MILL	
pa	work wes done, es SILK MILL, SAW MILL, BANK, etc	The state of the s
on	1D. Date decessed lest worked et this occupation (month and yeer) - 10 - 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	
Suc	yeer) occupation	Other Contributory Causes of Importance:
ctic	12. BIRTHPLACE (city or town) + askxana	A A A A A A A A A A A A A A A A A A A
tru	(Stete or country) many and	deux Carlesa Willow 4/12/30
instructions on	13. NAME () enjaming on prove	
See	2 14. BIRTHPLACE (city or town) tarland	Neme of operation Dete of Dete of
U2	(State or country) many land	What test confirmed diegnosis? Cy Quy Wes there an eutopsy? No
nt.	15. MAIDEN NAME Mary and Jagae	23. If death was due to external causes (VIOLENCE) fill In elso the following:
important	16. BIRTHPLACE (city or town) & Click City or country)	Accident, suicide, or homicide?
100	(State or country) Many and	Where did injury occur?
in	17. INFORMANT Mars Ella Rolly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Silves Spring	
is v	18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
	Plece Surleminelle, M. Dete 4 - 14 , 1936	Neture of injury
TION	19. UNDERTAKER Warner E. Pringha	24. Wes diseese or injury In eny wey releted to occupetion of deceesed?
I	(Address) Rockville, Dod.	If so, specify
1	20 FILE Stil 14 1936 C. S. Barnsley	(Signed) M. D.
()	Registrat	(Address) Sandy Spring Mid
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REIREAU V. S.	July 5,1927	Peritonitis	3 days ago
	Control of the State of the Control			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 4212
1. PLACE OF DEATH	95-8
County Moregonery	Registration Dist. No. 2/6
Village or City Chevy Chase	No. 63/5 + Conda St., Ward
Length of residence In city or town where death occurred 10-12, mos.	death occurred in a norpital or institution, give its INAIVIE instead of street and number)
2. FULL NAME Rudolph Baldwin Schwi	ckardis, Veteran epecify WAR. Thone
(a) Residence: No. 6315 Florida St.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH A D 1 24, 193 6 (Month) (Day) (Year)
ia. If merried, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Betty W. Schwickarde	22. I HEREBY CERTIFY, Thet I attanded decessed from Aug. 14, 1936, to April 64, 1936
D-+ 111-1669	i lasf saw him alive on April 84, 1936; death is said
6. DATE OF BIRTH (month, day, and year) 14 - 869 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, af 1:00 Rem.
(a(a) 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Treda, profession, or particular	wara as follows:
kind of work dona, es SPINNER, Lamma of ficer	Congestive cardiae failure 1934
9. Industry or business in which Treasury September SAW MILL, BANK, etc. 10 very hours or price	Arterioselerosis 1965
SAW MILL, BANK, etc. Covernments or vice	
11. Total fime (yeers) spant in this occupation (month and 4/2 3/36 yeer)	
yaer) 7/20 occupation 4.4/2.	Dthar Contributory Causes of Importance:
12. BERTHPLACE (city or town) College 6 6	Caronary thrombosis 4/23/26
(State or country)	
13. NAME (Willows Schurckardi	
14. BIRTHPLACE (city or town).	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CAM Witherbook	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Confan 66	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANTS LEWY WHICHWICKERAND.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Q315-Florida H, Mg. 18. BURIAL, CREMATION, OR REMOVAL	•
Place Ledan Hill Cipporte april 32, 1936	Menner of injury
	Nature of Injury
19. UNDERTAKER The S. H H mes Co (Address) Washing for 86,	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED April 26, 1936 flomas K. Comac.	(Signad) fare Corey, M.D. (Ardress) 3921 Programas St. H.W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CTATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	4214
SIAIL	Ur	MARILAND—CERTIFICATE	UF	DEATH	1017

1. PLACE OF DEATH	503 00 523
WIT County most gonery	Registration Dist. No.
Village or City Takoma Park, md	No. was hington Scintarium St. Hospite Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	s. 5. ds. How long In U.S. If of foreign birth?
	s If U. S. Veteran, specify WAR NR-48
(a) Residence: No. 3960 - 14 M St. N. W. Opt. (Usual place of abode)	111 St., Ward. Washington, D.C. If nontraident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cipril (O , 193 6 (Yeer)
HUSBAND of James W. Sizes	22. I HEREBY CERTIFY. Thet I attended deceased from April 4 19.36 to Capril 10 ,19.36
6. DATE OF BIRTH (month, dey, end year) Quq. 8. 1866	1 last saw h_E.Y elive on deril
7. AGE Yeers Months Deys If LESS then 1 dey,hrs.	to heve occurred on the date steted above, at 12-Z-R-m.
69 0 2 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cancer of buget with 9 mm
The work was done on CILM MILL AN	Mululfers to lung
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and yeer) 12. Total time (yeers) spent in this occupation (month and yeer) 13. Total time (yeers) spent in this 53 occupation	
12. BIRTHPLACE (city or town) Black for d. Kentucky (State or country)	Other Contributory Causes of importance:
13. NAME Charles Bean	The state of the s
13. NAME Charles TSean 14. BIRTHPLACE (city or town) IXentucky (State or country)	Name of operation
	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME ? Eddings 16. BIRTHPLACE (city or town) Kentucky	23. If death wes due to external causes (VIDLENCE) fill In elso the following:
[State or country]	Accident, suicide, or homicide?Date of Injury19
17. INFORMANT Washington Sanitarium Recards	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washing for Date Se. 4/10/3	Manner of injury
19. UNDERTAKER WWChamber Co.	Neture of Injury 24. Was disease or injury In any way related to occupation of deceased?
(Address) / 400 Chapin n. N. M.	(Signed) Spling H. Silver M. D.
20. FILED Registray.	(Address) Washington Gentario
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Regesting W. S. Wals. and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i li	Example II	
Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

|--|



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Montgory & T.	Registration Dist. No. 24/
Village or City Man Berdett 2001	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME WM Lilbert Squefran	K
(a) Residence: No Mean Buralette R. 7. Of (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19 to 3 -6 -, 1936
6. DATE OF BIRTH (month, day, and year) May 21, 1935	Hast saw has alive on 3-6, 1976; death is said
7. AGE / Years Months Days If LESS than	to have occurred on the date stated above, at
/ 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Data of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acute Lulertrand Cofemia 3-6-3
4 1 9. Industry of Dusiness in which	Cause of death surknown
SAW MILL, BANK, etc	was sill only 9 his
10. Date decessed last worked at this occupation (month and year)	with high terry & danker
12. BIRTIPLACE (city or town) howeh swery Co. Hoy, (State or country)	Other Contributory Causea of Importance:
13. NAME Chas Gilbert Carr 14. BIRTHPLACE (city or town). Bellimore	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Delia Cether Sombank	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Delia Cether Somfrank 16. BIRTHPLACE (city or town). Rockenshaw Co. Va.	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Oche lethel Sampank (Address) Bryds m. T.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Color ferburg and Date The 8, 1986	Nature of injury
19. UNDERTAKER RATEUB arb	24. Was disease or injury in any way related to occupation of deceased?
(Addiss) Garthers aure 24	If so, specify
20. FILED 42 1 , 19 36 WE Decox-	(Signed) 4 MVI Super M. D.
Prop Registrar.	(Address) Lautherikury had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

r	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1:AV @ 1056	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year





V. S. No. 1

ON is very important. See instructions on back of certificate.

5	STATE O	F MARYLAND-	-CERTIFICATE OF DEATH 4216
1. PLACE OF DE	ATH		72-0
WITH County Mont	Lomery		Registration Dist. No. 223
Village or City		Pork eath occurred yrs. 5 mc	No. Washington Faritavi um LSt., Hoapis Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as. Alas. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME G (a) Residence: No.			If U. S. Veteran, specify WAR. Ward. If nonresident give city or town and State
PERSONAL A	ND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	or or race white	SEINGLE MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Apr'\ (Month) (Day) (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, c		taker 19, 1935	22. I HEREBY CERTIFY, That I attended deceased from 19 6, to 4 1 1 19 6; death is said
7. AGE Years	Months	Days if LESS than	to have occurred on the date stated above, at
	5	22 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or kind of work don SAWYER, BDOKK	particular a, as SPINNER, EEPER, etc	ormin,	wera as follows: Dete of onset
9. Industry or business work was done, a SAW MILL, BANK 1D. Date deceased last this recupation (n	S SILK MILL.		
1D. Date deceased last we this occupation (nyear)	vorkad at nonth and	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or tow (Stata or country)	n) Wash	ington	Dther Coutributory Causes of importance:
13. NAME MY	George	Stephen	
13. NAME YY 14. BIRTHPLACE (city or (State or country)		ts burg	Nama of oparation Date of Was there an autopsy? 1
15. MAIDEN NAME	liss Ma	rgaret Bogel	23. If death was due to external causes (VIOLENCE) (Fit in also the following:
15. MAIDEN NAME (**) 16. BIRTHPLACE (city or (Stata or country	town) Pit	ts burg Pa	Accident, suicide, or homicide?Date of injury
17. INFORMANT Wash	ington 5	anitavium Recon	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR	REMOVAL O	Date Ofril 13, 19.3	Manner of injury
19. UNDERTAKER MANAGEMENT (Address) 300	in Was	Japan Co.	24. Was disease or injury in any way rainted to occupation of decaasad?
20. FILED april 11	, 19.3.6	H. E. Rogero Registrar.	(Signed) A M. D. (Address) 113 Cassell 15 Lehen Rh. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

FION is very important. See instructions on back of certificate.

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	ite	20	jo .	1
1	very	AN	nent	
-	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—CERTIFICATE O	F	DEATH	4217
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1. PLACE OF DEATH	(PC)	6
County Montgomery County,	Registration Dist. No. 2	6
Village or City Somerset Maryland (II Length of residence In city or town where death occurred yrs mos	NoSt.,St.,St.	
2. FULL NAME MRS. JULIA N. SUTLIFF		0505.
(a) Residence: No. 312 Cumberland Avenue	St., Ward. Somerset, Maryland If monresident give city or town and	I Carra
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVDRCED (write the word) Widow	21. DATE OF DEATH 10 (Month) (Day)	, 193 6 (Yaar)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of Dr. Sutliff	22. I HEREBY CERTIFY. That I ettended Sefat 10 ,19.34, to affil 10	daceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 1245 km. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	Date of onset
Rate and the second of the sec	6 acciroma of Colon	unhuom
12. BIRTHPLACE (city or town) Unknown (State or country) Maryland	Other Contributory Causes of Importance: - General Addonimal Curcinosis	unhum
13. NAME Dennis Niland		*
14. BIRTHPLACE (city or town)	Nama of operation Resection into testal Turned Date of a What test confirmed diagnosis? Rection Was there an	1,
Ellen Dorsey	23. If daath was dua to external causas (VIDLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town) Multurown (State or country) Ireland	Accident, suicida, or homicide? Date of Injury Whare did injury occur?(Specify city or town, county and Sta	
17. INFORMANT Cecilia N. Fishburne (Addrass) 312 Cumberland Ave. Somerset, Md.	Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL Place Mt. Olivet DatApr.13 19 36	Manner of injury	
19. UNDERTAKER Martini Le le sengle, (Address) 1300 N St. N.W. Was D. D.C.	24. Was disaase or injury In any way related to occupation of dacaesed?	ko.
20. FILED 4/10 , 1936 BC Perry, M. W. Registrar.	(Signad) Frault 6. Heeliring (Address) 1830-Pselment Rd	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Fresh . D G

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Ex	ample I		Example II	
The principal cause of dear of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAY 5 1930	1927	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			· · · · · · · · · · · · · · · · · · ·	

e ;	STATE OF MARYLAND—	CERTIFICATE OF DEATH
State UPA-	1. PLACE OF DEATH	95-20 X 9-17
OCC	County Montgomery	Registration Dist. No. 46
ē / 1	Village or City Brookmont	NoSt.,Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foreign birth?
rsicians	2. FULL NAME Mary Treas	
aten	(a) Residence: No. 6/02 A Broad.	St. Ward.
_	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r L Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Afair (Month) (Day) (Year)
A C I assifie	5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from apr 25 1936
E.Y.	6. DATE OF BIRTH (month, day, end year) Que 10, 1854	Hast saw her alive on apr 25 , 196 ; death Is said
erly icat	7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 10:78 Pm
stated E properly certificate	8 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
e e g	8. Frade, profession, or particular kind of work done, as SPINNER, Housewife	plant Failure Date of Onset
should hit may hit may h	9. Industry or business in which	Chrone Myscardiles 5 yng
E sh at it on	SAW MILL, BANK, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and year)	
se t uctio	12. BIRTHPLACE (city or town) My Prosime (State or country)	Other Contributary Causes of Importance:
ipplied terms, instr	II 13. NAME John Julivan	
y sullain t	14. BIRTHPLACE (pity or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Claimed Was there an autopsy?
carefull FH in ploortant.	15. MAIOEN NAME THAT (MIRUSM)	23. If deeth was due to external causes (VIDLENCE) fill In also the following:
H i	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be EA imp	2 (State or country) 17. INFORMANT CAME A - Anderson (Address) 6/02-Broad St. Drive Romand M	Where did injury occur?
~ _	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Y + PH	Place Washing trap la Dete Lipril 25, 19 36	Neture of injury
CAUSE TION is	19. UNDERTAKER WM. H. Sardo + Co. (Address) 412-4 sh. N. E. Wushy D. K.	24. Wes disease or injury in any way related to occupation of deceased? 200
R	20. FILED 4/26 , 1936 B. C. Gerry M. X. Registrar.	(Signed) J. J. Salay . M. [(Address) 5.047 Condut Ol. 7.W.
C	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. hoole

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

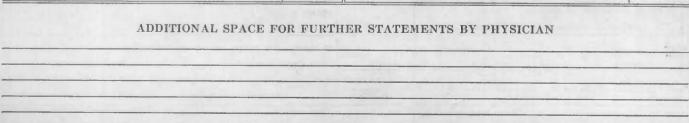
11.—The number of years the deceased followed the occupation,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriasclerasis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerasis	1915	Attack of epilepsy	1 week ago
Company homographes	1921	Run aver by street car	1 week aga
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days aga
RIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year







	-toju	state	PA-	
M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
M	ery ite	NS S	ent of	
D	D. Ev	SICIA	tateme	
	ECOR	PHY	xact s	
t	NT R	LY.	d. E	
MARGIN RESERVED FOR BINDING	MANE	ACT	assifie	
BIN	PER	d EX	erly cl	cate.
FOR	S IS A	state	prope	TION is very important. See instructions on back of certificate.
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V. S. No. 1	-WI	mat	CAL	TIO
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	-CERTIFICATE OF DEATH 219
1. PLACE OF DEATH	21
County Moulgamesu	Registration Dist. No. 2/3
Village or City Moultoose	
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thelma M Ise a	
(a) Residence: No. Belbesda	St. Ward.
(Usual place of abode)	St., Word. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	
Terual Waite. OR DIVORCED (write the word)	193 90
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of 7/	22. I HEREBY CERTIFY, Jhat I attended deceased from
Henry Sugger	- Mch. 4-193619 ,10 april 1/- 1936
6. DATE OF BIRTH (month, day, and year) Nov 25 /904	I last saw her alive on a pril 1/-, 1936; death is said
7. AGE Years Months Days If LESS than	The state of the same states about a states about a state of the same state of the s
3/ 5 /6 1day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Dete of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	I como in the me we will the
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	,
year)occupation	Caba Catalan Canada
12. BIRTHPLACE (city or town) Washington, De	Other Contributory Causes of Importance:
(State or country)	VIII VII OM A 2/10/2
13. NAME Plande M. Olisan	11/1/20
13. NAME Claude. M. Oleson. 14. BIRTHPLACE (city or town) Monly Co	Newsoft
(State or country)	Name of operation
15. MAIDEN NAME (CAAAAA T LOOKT	What test confirmed diagnosis? Was there an autopsy? Ltd.
Tan Ta	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vary J Lochte 16. BIRTHPLACE (city or town) Moulg Co (State or country)	Accident, suicide, or homicide? Oate of injury, 19
State of Country) Wasy Earla	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Fruit	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dettionda MA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Of Mary Cockettly Date 7 193	Nature of injury
19. UNDERTAKER Il Reubill Quelphres	24. Was disease or injury in any way related to occupation of deceased? U.O.
(Address) (1) Rockville Mid.	If so, specify
20. FILEO 4-18 1936 Who W.J. Pract	(Signed) A Weller Hulb M.D.
Registrar.	(Address) Bexlesda 204
If more blanks are needed, address State Registr	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.-The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

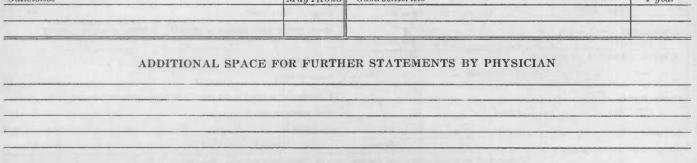
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

I	Example I		Example II	
The principal cause of de of importance were as followed	ath and related causes- lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1/35	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURE OY. 1	July 5,1927	Peritonitis	3 days ago
L	agentication of the second sec			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year







V. S. No. 1 N. B.- of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4220			
1. PLACE OF DEATH	(O)			
County Mor gruery	Registration Dist. No.			
Village or City Tobus (f death occurred in a horpital or institution, give its NAME instead of street and number)			
	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Thos. hewlen ha	If U.S. Yeteran specify WAR.			
(a) Residence: No. Conumbled (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE, OR DIVORCED (write the word)	21. DATE OF DEATH Paril 19 6			
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from			
7 12.01	march 26, 1936, 19 Cefare 19, 1936			
6. DATE OF BIRTH (month, day, and year)	I last saw h			
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
O O O O O O O O O O O O O O O O O O O	were as follows:			
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	Jeny 19/15/2			
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, etc				
O 10. Date deceased last worked at this occupation (month and spant in this				
year) occupation	Other Cantributory Causes of importance;			
12. BIRTHPLACE (city or town) Courses McC (Stata or country)	Toxacma (Consulsions) 4/19/3			
13. NAME plus bewlow hard				
13. NAME plus revolor Ward 14. BIRTHPLACE (city or town) Monly - Cer Many and	Name of operation Date of			
(State of country)	What test confirmed diagnosis? Was there an autopsy?			
16. BIRTHPLACE (city or town) - Morely - Les Maryana	23. If death was due to external causes (VIOLENCE) fill in also the following:			
5 16. BIRTHPLACE (city or town) Thoulg. les Maryland	Accident, suicide, or homicide?			
E (Stata or country)	Where did injury occur?			
17. INFORMANT Cennie & Mopelson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.			
(Address) Cours Ind				
18. BURIAL, CREMATION, OR REMOVAL Place Beallsville bedate Ofil 20' 1936	Manner of injury			
Maria D	Nature of Injury			
19. UNDERTAKER 13. Velloy (Address) Berneville his	24. Was disaasa or injury In any way related to occupation of deceased?			
20. FILED apr 2d, 1936 Mrs. Clastt Hiller Registrar.	(Signed) Uplin Dhoung M.D.			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nophritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.	La Company			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Day) (Yeer)

CERTIFY, Thet I attended deceesed from

to have occurred on the date stated above, et 10:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

- Wes there an aulopsy?

23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Signed) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I V		Example II	BILL PROFILE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1	1921	Run over by street car	1 week ago
Cerebral·hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

NO SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	
Village or City	
Longth of residence in city or town where deeth occurred	
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comite the word) So. If mibried, widowed, or divorced (or) wife of committee or committee or committee or country) 8. Trade, profession, or particular in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which SAW MILL, BANK, etc. 11. INFORMANT AMA 13. MANE 14. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Ward
(a) Residence: No. Clause place of debode Clause place pl	ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORGED (curric the word) 5a. II myried, widowed, or divorced Hospan (not) wife of (no	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	
3. SET J. COLOR OR RACE OR DIVORCED (write the word) 3. I Marked J.	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Vegrs Months Days II LESS than f dey, hrs. or min. 8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWMILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 27. INFORMANT (State or country) 18. Informant (State or country) 19. Secify whether Injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.	6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than f dey, hrs. or min. 8. Trade, profession, or particular wind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc. 10. Date deceased last worked et this occupation (month and years) spent in this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. Tade, profession, or particular few, and few, an	(Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than f dey, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BDDKKEPER, etc. 10. Date deceased last worked et this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. Trade, profession, or particular federal days, and year) 19. Get when the date stated above, at. 73 fm. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: 18. Trade, profession, or particular fidey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance in the date of the date of the particular as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance in the date of the particular as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance in the particular as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance in the particular as follows: The PRINCIPAL CAUS	sed from
7. AGE Yegrs Months Days If LESS than f dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Day Site or country The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Day Site or country The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Day Site or country The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Day Site or country Other Cantributary Causes of Importance: Other Cantributary Causes of Importance: Name of operation. Dete of. Whet test confirmed diagnosis? Was there an autop Cause of Importance: Other Cantributary Causes of Importance: Other	926.
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. BIRTHPLACE (City or town) (State or country)	tu is said
Solution of work done as SPINNER, SAWYER, BDDKKEPER, etc. Sheart Sawyer Saw	e of onset
work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) Other Castributary Causes of Importance: 12. BfRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Was there an au'op 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Whet did injury occurr? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address)	
10. Date deceased last worked et this occupation (month and year) 12. BfRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. Informant (Address) 19. Total time (years) spant in this occupation Other Cantributary Causes of Importance: Other Cantributary Cause	936
Other Caatributary Causes of Importance: 12. BfRTHPLACE (city or town)	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Name of operation Whet test confirmed diagnosis? Was there an au'op Accident, sulcide, or homicide? Operation Whet test confirmed diagnosis? Was there an au'op Accident, sulcide, or homicide? Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
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Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	
17. INFORMANT JM S Mages Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Following Winds	19
Tuldpay UNI	
Manner of Injury	
Place an flewises Date after 13,1936 Nature of injury	
19. UNDERTAKER 24. Was disease or injury In any wey related to occupation of deceased?	
(Address) If so, specify (Signed) (Address) (Address) (Address) (Address)	M. D.
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Example I				Example II		
The principal cause of death and related causes of importance were as follows:			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	MAY 5	1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ltis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 1281 3 A	V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory can	ises of importance			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year		

